MULTICULTURAL COUNSELING AND THERAPY (MCT) THEORY

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We are rapidly becoming a multiethnic, multiracial, and multilingual society. Referred to as "the diversification of the United States" or, literally, "the changing complexion of society" (Atkinson, Morten, & D. W. Sue, 1998), the demographic transformation has meant that racial and ethnic minorities will become a numerical majority in several decades (U.S. Bureau of the Census, 2001). The diversification is fueled primarily by changes in immigration laws that have allowed large numbers of racial minorities to enter the United States and by higher birthrates among the minority populations when compared to their White counterparts (D. W. Sue et al., 1998).

For example, the 2000 U.S. Census reveals that racial or ethnic minorities make up more than one third of the population, and they made up approximately 45% of the students in public schools. The changing complexion of society is also reflected in the world of work, where some 75% of those people currently entering the labor force are racial and ethnic minorities and women (D. W. Sue Parham, & Bonilla-Santiago, 1998). Some states have for some time had to cope with the changing demographics. In California, for example, students of color composed more than 50% of the school-age population in 1988.

Demands for cultural relevance, need for inclusion, and equal access and opportunities have forced changes at individual, professional, institutional, and societal levels (D. W. Sue, 2001). Training institutions are being challenged to produce culturally competent practitioners; organizations must develop new policies, practices, and structures to accommodate the diversity of society; and our social, economic, and political systems seem inadequate and often ill prepared to deal with the challenges posed by racial and ethnic minority groups and communities. With such demands have also come misunderstandings, resistance, and societal conflicts. Cries for multicultural and bilingual education have become political hot potatoes, and concepts of multiculturalism, diversity, and affirmative action have evoked strong emotional reactions as well. Never has there been a greater need for understanding the psychology of race, diversity, and multiculturalism than now. Mutual intergroup understanding, the need to build multicultural alliances, and promoting social justice must be top priorities for our society.

The need for the counseling and mental health professions to address issues of race, culture, and ethnicity has also never been more urgent (Pedersen, 1999; D. W. Sue & D. Sue, 1999). It is increasingly difficult for any helping professional not to encounter students, clients, and client groups who differ from them on these important dimensions. It is important for counselors to recognize that traditional psychological concepts and theories were developed from a predominantly Euro-American context and may be limited in application to the emerging racial and cultural diversity in the United States (D. W. Sue, Bingham, Porche-Burke, & Vasquez, 1999). Yet it appears that counselors are ill prepared to deal with the changing characteristics of the U.S. population (Porterotto, Casas, Suzuki, & Alexander, 2001). Developing culturally effective helping strategies has met with much resistance. Several major obstacles seem to stand in the way of such a movement. First, the monocultural nature of education and training has taught mental health professionals an ethnocentric perspective of the helping
process, an approach that is often antagonistic to the life experiences and values of their culturally different clients. Second, the counseling profession has often ignored the culture-bound nature of traditional theories of counseling and psychotherapy. The assumption of universal application to all populations and problems is highly questionable (D. W. Sue, 2001). Third, the profession has been slow in developing a conceptual framework that incorporates culture as a central core concept of the counseling process (Pedersen, 1999; D. W. Sue & D. Sue, 1999). This has seriously hindered the development of culturally relevant strategies, programs, and practices in working with racial and ethnic minority clients.

The failure to deliver relevant services to diverse groups seems to lie in the Euro-American definitions of what constitutes counseling and therapy. Many forms of counseling, for example, (1) occur in a one-to-one relationship, (2) take place in an office setting, (3) are aimed at remediation rather than prevention, (4) treat the individual as the psychosocial unit of operation, (5) dictate a relatively inactive role on the part of the counselor, (6) place the onus of change on the client, (7) adhere to standards of practice that apply equally to all clients and helping relationships, and (8) use talking as the primary medium of help. These traits are challenged by the definition of multicultural counseling and therapy (MCT) proposed by D. W. Sue (2001):

Multicultural counseling and therapy can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis and treatment of client and client systems. (p. xx)

The concept of MCT therefore is in marked contrast to traditional definitions of counseling and psychotherapy. Analyzing this definition reveals significant differences:

1. MCT broadens the helping roles counselors play and expands the repertoire of therapy skills considered helpful and appropriate in counseling. The more passive and objective stance taken by counselors is seen as only one method of helping. Other roles like teaching, consulting, and advocacy can supplement the conventional counselor or therapist role.

2. MCT advocates using modalities and defining goals for culturally diverse clients that are consistent with their racial, cultural, ethnic, gender, and sexual orientation backgrounds. Thus, traditionally taboo behaviors like giving advice and suggestions may be effective and appropriate in use with some client populations.

3. MCT acknowledges our existence and identity as being composed of individual (uniqueness), group, and universal dimensions. Any form of helping that fails to recognize the totality of these dimensions negates important aspects of a person's identity.

4. MCT supports the notion that different racial and ethnic minority groups might respond best to culture-specific strategies of helping. For example, research seems to support the belief that Asian Americans are more responsive to directive and active approaches and that African Americans appreciate helpers who are authentic in their self-disclosures (Pedersen, Draguns, Lommer, & Trimble, 2002).

5. MCT broadens the perspective of the helping relationship by balancing the individualistic approach with a collectivistic reality that acknowledges our embeddedness in families, significant others, communities, and cultures. In many ways, multicultural group counseling is more appropriate across cultures than individual counseling (A. Ivey, Pedersen, & M. Ivey, 2002).

6. MCT assumes a dual role in helping clients. For example, in many cases, focusing on the individual client and encouraging him or her to achieve insights and learn new behaviors are appropriate. However, when problems of clients of color reside in prejudice, discrimination, and racism of employers, educators, and neighbors or in organizational policies or practices in schools, mental health agencies, government, business, and our society, the traditional therapeutic role appears ineffective and inappropriate. The focus for change must shift to changing client systems rather than individual clients.

The purpose of this chapter is to begin the process of proposing a theory of MCT that incorporates those features described above. Such an attempt is filled with hazards and may be a culturally biased attempt in itself. Such a criticism is inescapable, however, as all theories are necessarily culture specific. Thus, an attempt will be made to minimize such a danger by (1) analyzing the weaknesses and culture-bound biases of traditional mental health practices, (2) reviewing the literature associated with factors identified as important in MCT and "minority" mental health, and (3) proposing tentative propositions consistent with developing a theory of multicultural counseling and psychotherapy.
CHARACTERISTICS OF COUNSELING AND PSYCHOTHERAPY

For the purposes of this chapter, traditional counseling may be defined as the systematic application of techniques derived from predominantly Eurocentric psychological principles by a trained and experienced professional counselor or therapist for the purpose of helping psychologically troubled people. It is difficult to be more succinct or precise without getting involved in specific types of counseling. Depending on their perspectives and theoretical orientations, counselors may seek to modify attitudes, thoughts, feelings, or behaviors; facilitate the patient's self-insight and rational control of his or her own life; cure mental disorders; enhance mental health and self-actualization; make clients "feel better"; remove a cause of a psychological problem; change a self-concept; or encourage adaptation. Counseling is practiced by many different kinds of people in many different ways—a fact that seems to preclude establishing a single set of standard therapeutic procedures (D. Sue, D. W. Sue, & S. Sue, 2000). And, despite the Euro-American emphasis on the scientific basis of counseling, in practice it is often more art than science.

Diverse Eurocentric counseling approaches seem to share some common therapeutic factors. In a study of 50 publications on psychotherapy and counseling, investigators found the most common attributes to be (1) development of a therapeutic alliance, (2) opportunity for catharsis, (3) acquisition and practice of new behaviors, and (4) the clients' positive expectancies (Grencavage & Norcross, 1990).

First, counseling offers the client a chance to relearn—more specifically, a chance to unlearn, relearn, develop, or change—certain behaviors or levels of functioning.

Second, counseling helps generate the development of new, emotionally important experiences. It involves the experiencing of emotions that clients may have avoided, along with the painful and helpless feelings fostered by these emotions. This experiencing allows relearning as well as emotional and intellectual insight into problems and conflicts.

Third, there is a therapeutic relationship. Counselors have been trained to listen, show sympathetic concern, be objective, value the client's integrity, communicate understanding, and use professional knowledge and skills. Counselors may provide reassurance, interpretations, self-disclosures, reflections of the client's feelings, or information, each at appropriate times. As a team, counselors and clients are better prepared to venture into frightening areas that clients would not have faced alone.

Finally, clients in counseling have certain motivations and expectations. Most people enter counseling with both anxiety and hope. They are frightened by their emotional difficulties and by the prospect of treatment, but they expect or hope that counseling will be helpful.

The goals and general characteristics of counseling as described seem admirable, and most people consider them so. However, counseling itself has been criticized as being biased and inappropriate to the lifestyles of many clients, such as members of minority groups (Lewis, Lewis, Daniels, & D'Andrea, 1998; Locke, 1998; Panagia, 1998; D. W. Sue & D. Sue, 1999). Indeed, the process and goals of counseling and psychotherapy have often been likened to forms of cultural oppression (Katz, 1985; D. W. Sue, 1978).

COUNSELING THEORIES AND WORLDVIEWS

Elsewhere, a worldview has been broadly defined "as how a person perceives his or her relationship to the world (nature, institutions, other people, things, etc.). Worldviews are highly correlated with a person's cultural upbringing and life experiences" (D. W. Sue, 1978, p. 419). While worldviews have traditionally been applied to individuals (microunit of analysis) in how they construe meaning in the world, the concept has been increasingly applied to larger units, such as gender, race, and culture (macroanalysis). A. Ivey (1981, 1986) has referred to the different theories of counseling and psychotherapy as "temporary cultures" with their own assumptions about the nature of people, how problems arise, and what methods must be employed to be effective. These temporary cultures are, indeed, different worldviews (Ibrahim, Royssirac-Sodowsky, & Ohnishi, 2001; A. Ivey, M. Ivey, & Simek-Morgan, 1997), associated with different theoretical orientations. A number of multicultural scholars (Baruth & Manning, 1999; A. Ivey, 1993, Locke, 1998; Parham, White, & Ajamu, 1999; Pedersen, 1999; D. W. Sue & S. Sue, 1999) have already made a strong case that the worldviews implicit in the psychodynamic, cognitive-behavioral, existential-humanistic, and other schools of thought might conflict with the worldviews of racial and ethnic minority clients.

To be fair, most practicing clinicians consider themselves eclectics. They contend that relying on a single theory and a few techniques is correlated with inexperience; the more experienced the clinician is, the greater are the diversity and resourcefulness used in a session (Corey, 2001; Norcross & Prochaska, 1988). Therapeutic eclecticism has been defined as the "process of selecting
Counselors who work with people from such cultures may see their clients as "dependent," "lacking in maturity," or "avoiding responsibility." These negative labels do much harm to the self-esteem of minority-group members, especially when they become part of a diagnosis.

2. Verbal expression of emotions. The psychotherapeutic process works best for clients who are verbal, articulate, and able to express their feelings and be assertive. The major medium of communication is the spoken word (in standard English). Those who tend to be less verbal, who speak with an accent, or who do not use standard English are placed at a disadvantage. In addition, many cultural groups (including Asians and Native Americans) are brought up to conceal rather than verbalize their feelings; counselors often perceive them as "inhibited," "lacking in spontaneity," or "repressed." Thus, the counseling process, by valuing expressiveness, may not only force minority clients to violate their cultural norms but also label them as having negative personality traits. Counseling and psychotherapy also fail to realize major differences in communication styles and the use of nonverbal forms of communication. Asian Americans, African Americans, Hispanic and Latino Americans, and American Indians seem to rely much more on nonverbal communication or to use contextual cues more than their White counterparts (Dana, 1998; Herring, 1999).

3. Openness and intimacy. Self-disclosure and discussion of the most intimate and personal aspects of one's life are hallmarks of counseling. However, cultural and sociopolitical factors may make some clients unwilling or unable to engage in such self-disclosure (Ridley, 1984; D. W. Sue & S. Sue, 1999). For example, the "cultural paranoia" that many African Americans have developed as a defense against discrimination and oppression may be a healthy distrust that would make them reluctant to disclose their innermost thoughts and feelings to a White counselor (Grier & Cobbs, 1968, 1971). Unfortunately, counselors who encounter this reluctance might perceive their clients as suspicious, guarded, and paranoid. Likewise, many counselors do not understand the cultural implications of disclosure among Asians, who discuss intimate matters only with close acquaintances and not with strangers, which counselors may well be.

4. Insight. Most closely associated with the psychodynamic approach but valued in many theoretical orientations, insight is the ability to understand the basis of one's motivations, perceptions, and behavior. But many cultural groups do not value insight. In China, for example, a depressed or anxious person may be advised to avoid the thoughts that are causing the distress. This contrasts sharply with the Western belief...
that insight is always helpful in counseling (Hong & Domokos-Cheng Ham, 2001). Interestingly, the rise in popularity of cognitive counseling approaches, such as those advocated by Ellis (1962, 1989), Beck (1976, 1985), and Meichenbaum (1985), now reveals that "healthy denial" or avoidance of "morbid thinking" is a useful counseling strategy; this is a method that has traditionally run counter to the belief in insight.

5. **Competition versus cooperation.** In Western society, competitiveness is a highly valued trait. This is clearly reflected in our educational system, where competition among persons is created by having children sit in neatly arranged rows of individual desks; where asking and answering questions occur by raising one's hand to seek individual recognition; where a bell-shaped curve is used to grade students (for someone to get an A, others have to obtain Bs, Cs, Ds, and Fs). Some groups such as American Indians and Hispanics value and prefer more cooperative efforts in the classroom (Comas-Díaz, 1990). Counselors may perceive such cultural differences as indicative of passivity, noncompetitiveness, or lack of assertiveness. One of the reasons that American Indians have the highest dropout rates in our educational system may be that to achieve they must violate basic values of their cultures (Banks, 1993).

6. **Linear-static time emphasis.** The United States operates by "clock time," which tends to view time as static and linear. Statements such as "Time is money" and "Don't be late" indicate the importance of time consciousness. In counseling and psychotherapy, appointments are traditionally once a week, 50 minutes out of the hour. Yet many cultural groups possess a much more dynamic, flowing, and harmonious perception of time (circular versus linear and flowing versus rigid), or they tend to mark time by events rather than by the clock (Ho, 1987; Inclán, 1985; Kluckhohn & Strodtbeck, 1961; Spiegel & Papajohn, 1983). Such differences in temporal perspectives can lead to major misunderstandings and difficulties. A client whose cultural background differs from that of the counselor and who shows up late for an appointment may be perceived by the counselor as passive-aggressive or irresponsible (D. W. Sue, 1990; D. W. Sue & D. Sue, 1999).

7. **Nuclear versus extended family.** Although it is no longer the norm in the United States, the nuclear family is still held to be the ideal from which we conceptualize and practice family counseling. The unit of the family usually includes the husband, wife, and immediate offspring. The definition of the family in many cultural groups may be quite different from that of their White counterparts. For example, extended family systems that include aunts, uncles, godparents, and even deceased members (ancestor worship of certain Asian groups) appear to be the norm for Mexican Americans and Asian Americans (Ho, 1987; McGoldrick et al., 1996); among African Americans and American Indians, the concept *family* may extend not only to aunts and uncles but to neighbors and tribal members (Franklin, 1988; Ho, 1987; McGoldrick et al., 1996; Red Horse, 1983; Thomas & Dansby, 1985). Thus, the counselor or therapist may need to redefine family counseling in an extended manner.

8. **Locus of responsibility.** Traditional counseling stresses that responsibility for change resides with the individual and that the locus of the problem is generally internal. Thus, much of counseling is aimed at having clients explore their own conflicts, achieve insight, and become healthy in some manner. Racial and ethnic minorities, however, often view the problem as residing outside the person and believe that change must occur in the system rather than solely in the individual (Parham et al., 1999; D. W. Sue, 2001; D. W. Sue, A. Ivey, & Pedersen, 1996). Racism, discrimination, and prejudice are seen as system stressors that call for new roles for counselors (e.g., change agent, advocate, or facilitator of indigenous healing; Atkinson, Thompson, & Grant, 1993).

9. **Scientific empiricism.** The field of counseling and the broader field of psychology attempt to mimic the physical sciences. The process of asking and answering questions about the human condition is based on the value placed on symbolic logic (D. W. Sue & D. Sue, 1999), and the valued approach is an atomistic, quantitative, and reductionistic analysis of phenomena that are believed to be related by cause and effect (S. Sue, 1999). Many cultural groups believe in a more nonlinear, holistic, and harmonious approach to the world. The counselor is often trained to engage in linear, rational, and objective thinking in helping clients to resolve problems and difficulties (Katz, 1985; Pedersen, 1999). As a result, a counselor's desire to help may unwittingly be at odds with that of the culturally different client.

The solution to this cultural gap is obvious: counselors need to do three things. First, they should begin the process of becoming more aware of their own cultural values, biases, stereotypes, and assumptions about human behavior (Pedersen, 2000; D. W. Sue, Arredondo, & McDavies, 1992; D. W. Sue et al., 1982; D. W. Sue, Carter, 1998). They need to ask: What are the worldviews we bring to the counseling encounter? What value system is inherent in our theory of helping? What values underlie the strategies and techniques used in counseling? Without such an awareness and understanding, counselors...
may inadvertently assume that everyone shares their worldview. When this happens, they may become guilty of cultural oppression, imposing values on their culturally different clients (D. W. Sue, 1978).

Second, counselors should begin the process of acquiring knowledge and understanding of the worldviews of minority or culturally different clients (D. W. Sue et al., 1992). Counselors need to reflect on these questions about ethnic groups of color: What are their values, biases, and assumptions about human behavior? How similar or dissimilar are they to those of the helping professional's value system? Are there such things as African American, Asian American, Latino and Hispanic American, and Native American worldviews?

Third, counselors should begin the process of developing culturally appropriate intervention strategies in the counseling process (D. W. Sue, 1990). This involves developing not only individual counseling and communication skills but system intervention skills as well. Although not discussed in this chapter, indigenous healing practices and help-giving networks of different cultures and minority communities are crucial to the provision of relevant mental health services (Das, 1987; Harner, 1990; Lee, Oh, & Mountcastle, 1992; D. W. Sue et al., 1996).

RACIAL AND ETHNIC MINORITY COUNSELING RESEARCH: IMPORTANT THEMES

In building a theory of MCT, knowledge of the limitations and weaknesses of current models is essential, which is one of the reasons this chapter has devoted a considerable amount of space to analyzing the culture-bound limitations of current theories. Another useful path is to review the current racial and ethnic minority counseling research to identify important themes, concepts, and findings of relevance to multicultural counseling. This chapter will extract some of these key concepts and findings and attempt to draw out their implications for MCT.

Centrality of Culture to Theories of Counseling

All counseling theories arise from a cultural context and as such are highly culture bound (Ivey et al., 1997; Parham et al., 1999; Pedersen, 1999). Yet the counseling profession continues to ignore this fact and act as if counseling theories are equally applicable to all people regardless of differences in race, culture, and ethnicity. The multicultural counseling literature suggests that failure to understand and take into consideration the cultural assumptions of counseling may result in ineffectiveness or cultural oppression. For example, minorities are often the victims of psychological helping models that view them as inferior, deprived, or deficient in desirable characteristics (Parham et al., 1999; Ponterotto & Casas, 1991; Robinson & Howard-Hamilton, 2000; D. W. Sue & D. Sue, 1999). This generally occurs because the counseling professional is unaware of the cultural values, biases, and assumptions of the theories.

Szapocznik and Kurtines (1993) reconceptualize family psychology and counseling to include the concept of embeddedness. This paradigm studies the individual within the context of family, which is in turn embedded in a cultural context (A. Ivey et al., 1997). There are two important things to note in this new formulation. First, an effective counseling approach does not view the individual in the context of family and culture as though they were separate, isolated dimensions. Rather, contexts are embedded and act on one another. Szapocznik and Kurtines (1993) state, “We have found it useful to extend our concern for culture to include the concept of the nesting of the individual within the family and the family within the culture” (p. 401). Second, the cultural context in which nesting occurs is not a monocultural one. The model does not apply solely, for example, to a Cuban cultural context (a very monocultural view in itself). Rather, in the United States, contexts are embedded within a culturally pluralist milieu, a recognition of multiculturalism. While Cuban American children may be raised in a Cuban community in Florida, they are eventually and ultimately exposed to the Eurocentric culture of the United States as well as others.

Minority Identity Development

Multicultural specialists are increasingly recognizing the importance of racial and cultural identity development of clients in the counseling process. Researchers disagree on whether we are talking about a stage model (Atkinson et al., 1998; Cross, 1971, 1991; Hardiman, 1982; Helms, 1984, 1986, 1990; Jackson, 1975; Parham, 1989; Parham & Helms, 1981) or a social-learning one (Rowe, Bennett, & Atkinson, 1994). Nevertheless, these models strongly imply that the stage or level of identity attained by the minority individual may dictate different counseling strategies and approaches. They also give strong emphasis to sociopolitical factors in the formation of racial and cultural identity.

Perhaps the most influential of the Black identity development models was the one proposed by Cross (1971, 1987, 1991). He proposed a four-stage process (originally five) in which Blacks in the United States moved from a White frame of reference: preencounter, encounter, immersion-emersion, and internalization. The preencounter stage is characterized by Blacks who devalue their own Blackness in favor of White values and ways. Adopting White Eurocentric values and ways
through assimilation in and acculturation to White society is the overriding goal. In the encounter stage, a two-step process begins to occur. The person may encounter an event (for example, the slaying of Martin Luther King, Jr.) or a series of events that produce a profound challenge to the individual's previous way of thinking and behaving; this is followed by a reinterpretation of the world and a personal shift in worldviews. Anger and guilt may move the Black person to the third stage of development, immersion-emersion. Here Blacks may withdraw from the dominant culture and immerse themselves in Black culture and tradition. There may be a rise in Black pride. The final stage, internalization, is characterized by inner security as conflicts between the old and new identities are resolved.

Because many other minority groups seem to move through similar identity processes, several multicultural psychologists (Atkinson et al., 1998; D. W. Sue & D. Sue, 1999) have attempted to analyze the many similarities that seem to exist among them. They identify five stages through which racial and ethnic minorities may move: conformity, dissonance, resistance and immersion, introspection, and integrative awareness. Each stage has its corresponding attitudes and behaviors. For example, the conformity stage is characterized by the minority individual's unequivocal preference for dominant cultural values over those of the minority culture. Dominant cultural ways are viewed favorably, while those of one's own cultural heritage are viewed with disdain. To make sense of this stage and others requires an understanding of the dominant-subordinate relationship between two different cultures and the concept of "cultural racism" (D. W. Sue & D. Sue, 1999). Each stage represents a part of the development that oppressed people experience as they struggle to understand themselves in terms of their own culture, the dominant culture, and the oppressive relationship between the two. In counseling, a minority client at the conformity stage may prefer a White counselor, while one at the resistance and immersion stage (characterized by a focus on White racism as the problem) might prefer a counselor of his or her own race. Minority identity development models hold much promise for improving the delivery of culturally appropriate mental health services to racial and ethnic minorities.

White Identity Development

Within the past few years, an increasing number of multicultural counseling scholars have turned their attention to studying what has become known as "White identity development" (Hardiman, 1982; Helms, 1984, 1990; Rowe et al., 1994; Sabmani, Ponterotto, & Borodovsky, 1991). Most of these models seem to share some common assumptions. D. W. Sue and D. Sue (1999) state:

First, racism is a basic and integral part of U.S. life and permeates all aspects of our culture and institutions. Second, Whites are socialized into U.S. society and, therefore, inherit the biases, stereotypes, and racist attitudes, beliefs, and behaviors of the society. In other words, all Whites are racist whether knowingly or unknowingly. Third, how Whites perceive themselves as racial beings seems to follow an identifiable sequence that can be called stages. Fourth, the stage of White racial identity development in a cross-cultural encounter (counseling minorities, counselor training, etc.) affects the process and outcome of an interracial relationship. Last, the most desirable stage is the one where the White person not only accepts his/her Whiteness, but also defines it in a nondefensive and nonracist manner. (p. 113)

Like their minority counterparts, a White counselor at the conformity stage (belief in the superiority of White culture over all others) may do great damage to culturally different clients. Part of effective counselor training would consist of an attempt to move the White counselor from an ethnocentric-oppressive bias to a nonracist self-affirming White identity. The conclusion we can draw is fairly straightforward. It is important to understand not only minority identity development but the racial and cultural identity of the White counselor as well.

CULTURALLY APPROPRIATE INTERVENTION STRATEGIES

In the field of counseling, increasing importance is being placed on how culture, race, ethnicity, and gender affect communication styles (A. Ivey, 1981, 1986; A. Ivey et al., 1997; D. W. Sue, 1977, 1991a, 1991b; D. W. Sue & D. Sue, 1999). A body of literature suggests that counseling style is influenced by communication style, which in turn is affected by worldviews. Different theories of counseling represent different worldviews and may greatly influence the counseling styles and strategies used by the helping professional. Process and content analysis of counseling sessions employing strategies such as Rogerian, rational emotive, and gestalt reveals major counseling style differences generally consistent with their theoretical orientations (Dolliver, Williams, & Gold, 1980; Edwards, Boulet, Mahrer, Chagnon, & Mook, 1982; Lee & Uhlemann, 1984; Meara, Pepinsky, Shannon, & Murray, 1981; Weinrauch, 1986).

A. Ivey (1981, 1986) has repeatedly emphasized the fact that different theories of counseling are concerned with generating different constructs, sentences, and helping responses. Because counseling and psychotherapy are predominantly White middle-class activities, clients who differ in race, culture, ethnicity, and class may be placed at a disadvantage in the helping relationship. The process of counseling may be antagonistic to the cultural styles of helping deemed appropriate for that particular group. For
example, some studies suggest that certain groups of Asian Americans, African Americans, American Indians, and Hispanic Americans may prefer more active counseling approaches than nonactive ones (Herring, 1999; Hong & Domokos-Cheng Ham, 2001; A. Ivey et al., 1997; Locke, 1998; Panigagua, 1998; Ponterotto et al., 2001; D. W. Sue & D. Sue, 1999). Traditional approaches that use a much more nondirective and egalitarian relationship may be experienced negatively by the culturally different client. As a result, minority clients may perceive the session as unhelpful and may prematurely terminate (D. W. Sue & D. Sue, 1999). Multicultural specialists are beginning to realize the need for developing culturally appropriate intervention strategies in working with racial and ethnic minority clients and groups.

SYSTEMS INTERVENTION ROLES

One of the strongest criticisms of counseling approaches has been aimed at the traditional role of the counselor itself (Atkinson, Morten, & D. W. Sue, 1998; Atkinson et al., 1993). While some have argued that conventional counseling can be effective across cultural groups, others are critical for a number of reasons. First, conventional counseling focuses on the individual and may perceive the problem as residing in the person rather than in the oppressive environment. Attempting to change the person to adjust to the sick environment is to blame the victim. Second, conventional counseling roles concentrate on the development of one-to-one interpersonal skills. It is characterized by a helping professional sitting in an office engaging in verbal self-exploration of the client. Clients are asked to take responsibility for their own actions, and all treatment is confined to an office setting. Few counselors have been trained to change systems. Thus, if the problem resides in oppressive environmental conditions, counselors are ill prepared to act as social or environmental change agents. Third, the use of helping approaches indigenous to the client’s ancestral culture receives minimal study in counselor education or counseling psychology programs. Even the study of multiculturalism in the United States is predominantly Eurocentric; Afrocentric and Asian-centric perspectives are all but missing (D. W. Sue & D. Sue, 1999).

BASIC ASSUMPTIONS IN A THEORY OF MCT

The literature on MCT makes clear that the field is on the verge of what Kuhn (1970) has referred to as a major paradigm shift. Such a shift occurs when (1) ideas, concepts, and data cannot be adequately accounted for by the science and theory of the day and (2) a new and competing perspective better accommodates the existing data. This chapter’s review of cultural biases inherent in the theories, processes, and goals of counseling and psychotherapy points out the inadequacy of current models, and the competing multicultural perspective seems better positioned to accommodate the existing data. Pedersen (1999) has coined the phrase “multiculturalism as a fourth force in counseling,” which recognizes that a major change is in the works for the profession. It is probably accurate to say that this change will be one of the most important ones to occur in the 21st century and is likely to be quite revolutionary. It will alter how we think about the nature of reality and how we define counseling, force us to reconceptualize our theories, and broaden our definition of what constitutes helping strategies. Multiculturalism will have a major impact on the education, training, and practice of mental health professionals. It also points to a new direction toward which research will be steered, and it may require different research strategies.

While no one has developed a generally accepted or overarching theory of MCT, there are numerous perspectives that seem to possess some common assumptions and propositions. Many of these perspectives have already been reviewed, and it appears that a developed theory of MCT is not far off. The development of a new perspective (paradigm shift) from which to view the field of counseling will occur only when MCT establishes itself as a viable theoretical perspective. In their attempt to lay the foundations of MCT theory, D. W. Sue et al. (1996) propose some propositions most likely to be incorporated into such a theory. The remaining portion of this chapter will outline propositions based more on assumptions than axioms (truths).

Proposition 1

MCT is a metatheory of counseling and psychotherapy. It is a theory about theories and offers an organizational framework for understanding the numerous helping approaches that humankind has developed. It recognizes that theories of counseling and psychotherapy developed in the Western world and those indigenous helping models intrinsic to non-Western cultures are not inherently right or wrong or good or bad. Each theory represents a different worldview.

As mentioned earlier, the centrality of culture in all theories of counseling and psychotherapy needs to be acknowledged and made explicit. Criticisms about counseling and psychotherapy being culture bound would become less compelling and problematic once the cultural assumptions were stated. For example, a counselor with a rational-emotive counseling orientation would realize that the emphasis on individual, rational decision making might be inappropriate with a Chinese client who may have a collectivist approach to solving life problems.
MCT uses the theoretical approach most consistent with the experiences and cultural perspectives of the client. In some cases, it may be best to incorporate a psychoanalytic perspective. With one client, it may mean a cognitive-behavioral perspective. And with yet another, it may mean an organic-biological one. In most cases, however, it means a systematic integration of numerous theoretical concepts, in recognition of the complexity of the human condition. Part of the complexity is the realization that we are products of our environments (familial, social, cultural, and political). In situations where integration is not possible (concepts of the models are epistemologically conflicting), a synergetic formation of a new theory or model may be called for. This is especially true when we realize that we live in a global world where indigenous and non-Western healing approaches are often the preferred means of help. Counseling is growing very rapidly outside the United States, and MCT itself will not be limited to the domestic counseling process but will be relevant around the world. Thus, international, indigenous, and alternative therapies must be acknowledged and integrated into our helping models.

**Proposition 2**

MCT recognizes that both counselor and client identities are formed and embedded in multiple levels of experiences (individual, group, and universal) and contexts (individual, family, and cultural milieu). The totality and interrelationship of experiences and contexts must be the focus of treatment.

In simple terms, human beings possess three levels of identity. At the individual level, we are all unique. Because no two individuals share the same biology (even if they are identical twins) or experiences, no two individuals are ever the same. At the group level of identity, we share commonalities with others by virtue of membership in some reference group (for example, race, culture, ethnicity, gender, religion). The universal level of identity suggests that we all belong to the species Homo sapiens. Like the Shakespearean character who asks, “When I cut myself, do I not bleed?” we all share many characteristics. Unfortunately, most forms of counseling and psychotherapy appear to focus on either the individual or universal level of identity to the exclusion of the group level. Two reasons seem to account for this fact: (1) counseling bias in theories that value the uniqueness or universal qualities of the human condition and (2) sociopolitical discomfort in recognizing group characteristics and differences (D. W. Sue, 2001). MCT recognizes the totality of the person's multiple identities and does not prefer one to the other. The guiding principle is one of salience.

Psychology has traditionally studied the individual as an isolated entity, separate and apart from external influences (A. Ivey et al., 1997; D. W. Sue & D. Sue, 1999; Szapocznik & Kurtines, 1993). This orientation is being challenged because it fails to recognize the interaction between the person and the larger environment. One of these challenges is the contextualist movement, which simply states that behavior cannot be understood outside the context in which it occurs (Bronfenbrenner, 1986; Steenbergen, 1991; D. W. Sue, 1991b). The context includes not only the individual but also the family and culture. The new contextualist paradigm being proposed is that working with the individual requires understanding of how the person is embedded in the family, which in turn requires understanding of how the family is affected by being embedded in a pluralistic (not a singular) culture (Szapocznik & Kurtines, 1993).

**Proposition 3**

Cultural identity development is a major determinant of both counselor and client attitudes toward the self, others of the same group, others of a different group, and others of the dominant group. These attitudes, which may be manifested in affective and behavioral dimensions, are strongly influenced not only by cultural variables but also by the dynamics of a dominant-subordinate relationship among culturally different groups. The level or stage of racial and cultural identity will influence how clients and counselors define the problem and will dictate what they believe to be appropriate counseling goals and processes.

An understanding of the level of identity consciousness displayed by the culturally different client is crucial to the provision of appropriate mental health services. Models of cultural identity development make a strong case that not all members of a minority group are the same and that within-group differences may be moderated by many variables (Atkinson et al., 1998). Among the more important ones is minority status in a society. Here we refer to the dominant-subordinate relationship between two different cultures, one of which is oppressed. As a result, counseling needs to acknowledge the importance of sociopolitical dynamics on the experiences of culturally different groups in a society. The manifestation of so-called psychological problems may actually be a manifestation of oppression.

Likewise, the majority-group counselor is also embedded in his or her own culture and equally affected by the sociopolitical climate (D'Andrea et al., 2001; Katz, 1989). White identity development theories stress, for example, that White counselors (members of the majority culture) need to deal with their concepts of Whiteness and examine their own biases and prejudices, as well as the roles they play in oppression. These roles include not only individual acts of bias and discrimination but also the overprivileged roles that are seemingly granted to Whites in our society (McIntosh, 1989). McIntosh states, “As a
white person, I realized I had been taught about racism as something which puts others at a disadvantage, but had been taught not to see one of its corollary aspects, white privilege, which puts me at an advantage” (p. 8).

**Proposition 4**

MCT effectiveness is most likely enhanced when the counselor uses modalities and defines goals consistent with the life experiences and cultural values of the client. No one helping approach or intervention strategy is equally effective across all populations and life situations. The ultimate goal of multicultural counselor and therapist training is to expand the repertoire of helping responses available to the professional, regardless of theoretical orientation.

Helping is administered differently in different cultural groups and societies (Das, 1987; Lee et al., 1992). Eurocentric methods such as self-disclosure, nondirectiveness, and verbal participation for clients have been found to be antagonistic to many culturally different groups. It is not that these techniques or strategies are wrong or bad; rather, they are simply inappropriate and, when applied indiscriminately, can be constricting and oppressive. If counseling is intended to liberate individuals to the possibilities of life consistent with their culture, then helping styles need to be compatible with the experiences and values of the client.

It appears that the wider the repertoire of responses the counselor possesses, the better the helper is likely to be (Nwachuku & A. Ivey, 1991; D. W. Sue, 1990; D. W. Sue et al., 1992). Relying on a very narrow and limited number of skills in counseling restricts the effectiveness of counseling. Theories of counseling and psychotherapy have been shown to be differentially associated with characteristic responses. The work of Ivey and colleagues (A. Ivey, 1986, 1988; A. Ivey & Authier, 1978; A. Ivey et al., 1997) on the relationship of microskills and theoretical orientation of the counselor is compelling and convincing in this regard. Rogersians, for example, are likely to use predominantly attending skills, while those with a behavioral orientation will use many more influencing skills. While these skills may be inherently consistent with the worldview of the theory, what happens if the culturally different client does not share that view? A traditional Chinese American client who expects advice or suggestions from the counselor (perceived as a knowledgeable and “wise” expert) might find a more nondirective approach (withholding advice and suggestions) confusing and unhelpful. Termination of the relationship is highly probable, although the need for help is still present.

MCT advocates cultural flexibility in the helping process. It recognizes that we are all thinking, feeling, behaving, social, cultural, and political beings. Those counselors who are most able to shift their counseling styles to meet the needs of their clients are in the best position to provide needed help. This concept has been labeled cultural intentionality by A. Ivey et al. (1997). They state:

The person who acts with intentionality has a sense of capability. She or he can generate alternative behaviors in a given situation and “approach” a problem from different vantage points. The intentional, fully functioning individual is not bound to one course of action but can respond in the moment to changing life situations and look forward to longer-term goals. (p. 8)

**Proposition 5**

MCT stresses the importance of multiple helping roles developed by many culturally different groups and societies. These roles often involve not simply a one-to-one encounter aimed at remediation in the individual but involve larger social units, systems intervention, and prevention. The conventional roles of counseling and psychotherapy are seen as only one of many others available to the helping professional.

As indicated previously, increasing emphasis is being placed on the need for counselors to adapt themselves to work within the client’s culture rather than demanding that the culturally different adjust to the counselor’s culture. With respect to racial and ethnic minorities in the United States, for example, counselors may be more effective if they leave their offices and meet a client in the client’s environment (Atkinson et al., 1993, 1998). Several important reasons dictate such an orientation.

First, conventional counseling roles may unintentionally reinforce the belief that the problem resides within the individual. When in reality the problem resides outside the person (in the environment), we may become guilty of blaming the victim. A Latino client who may be unemployed and having difficulty finding a job may be blamed for his or her life circumstance when it may be due to discrimination or prejudice on the part of employers. An African American student who frequently gets into fights in school may be the victim of racist comments from and attitudes of White peers. The fighting behavior may actually be a product of a pathological situation in the school system.

Second, if the basis of the client’s troubles is located in the social structure or system, the most appropriate form of intervention may call for the counselor to change the environment, a role that calls for the counselor to become active in community and social problems. The counselor may be required to act as a change agent, consultant, teacher, or community worker.

Third, the traditional counseling role is one of remediation (Atkinson et al., 1998; Katz, 1985). It tends to be reactive rather than proactive. Counselors who view the
social system as a major contributor to problems of their clients would direct their energies toward prevention. As such, the orientation is to change the social environment that oppresses. Egan (1985) advocates that a counselor assume the role of a change agent, which he defines as someone “who plays an important part in designing, redesigning, running, renewing, or improving any system, subsystem, or program” (p. 12).

Fourth, movement into the client’s environment has the additional advantage of allowing the counselor to observe directly the environmental factors that contribute to the client’s dilemmas; direct observation promotes better understanding of the client and of what he or she believes is helpful, and it enhances the counselor-client relationship. The counselor comes to understand that helping roles have evolved within cultural contexts and that they are helpful because members of the culture believe in their efficacy. For example, it appears that the curanderismo (Mexican folk healer), practitioner of Santería, acupuncturist or Tai Chi Chuan teacher, Sufis of Islamic countries, Alfals of Nigeria, and the Hakeem and Motwaas of Saudi Arabia are viewed by their respective cultures as legitimate healers dispensing potent forms of treatment (Das, 1987; Harner, 1990; Kakar, 1982; Lee et al., 1992).

Atkinson et al. (1993) have proposed a three-dimensional model of counselor roles. The selection of an appropriate counseling role depends on three major variables: (1) locus of the problem (internal vs. external), (2) level of acculturation, and (c) counseling goals or objectives (remediation vs. prevention). From this conceptual framework, they identify the following roles of importance to counseling: adviser, advocate, facilitator of indigenous support systems, facilitator of indigenous healing systems, consultant, change agent, counselor, and psychotherapist. No one role is considered more important than the others.

**Proposition 6**

Multicultural counselor competence involves the continual development of attitudes and beliefs, knowledges, and skills related to (1) awareness of one’s own assumptions, values, and biases; (2) understanding of the worldview of the culturally different client; and (3) culturally appropriate intervention strategies and techniques.

For the past several decades, cultural competence has become one of the leading issues facing the profession (American Psychological Association, 1993; Constantine & Ladany, 2001; D. W. Sue, 2001). Based on the work of D. W. Sue and colleagues (D. W. Sue et al., 1982, 1992; D. W. Sue, Carter et al., 1998), multicultural counseling competencies have been described along a tripartite framework: (1) beliefs and attitudes, (2) knowledges, and (3) skills. The first involves attitudes and beliefs of counselors with respect to racial and ethnic minorities, the need to check stereotypes and biases, and the need to develop a positive orientation toward multiculturalism. The second recognizes that counselors need thorough understanding of their own worldviews and specific knowledge of the cultural groups with which they work. The last dimension involves the acquisition of specific skills (intervention techniques and strategies) needed to work effectively with minority groups.

While debate continues regarding whether the three-domain model accounts fully for all the components of cultural competence (Sodowsky, 1996; Vinson & Neimeyer, 2000), most multicultural specialists agree to its conceptual usefulness. Indeed, these competencies and their earlier derivatives have been incorporated into instruments attempting to measure cross-cultural counseling competencies: the Cross-Cultural Counseling Inventory—Revised (LaFromboise, Coleman, & Hernandez, 1991), Multicultural Counseling Awareness Scale—Form B: Revised Self Assessment (Ponterotto, Sanchez, & Magids, 1991), Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994), and the Multicultural Awareness-Knowledge-and-Skills Survey (D’Andrea, Daniels, & Heck, 1991). Several recent studies (Ottavi, Pope-Davis, & Dings, 1994; Sodowsky et al., 1994) are impressive in documenting the existence of these competency factors. Thus, in keeping with our definition of MCT and its theoretical base, I propose the following definition of cultural competence (Sue, 2001):

Cultural competence is the ability to engage in actions or create conditions that maximize the optimal development of client and client systems. Multicultural counseling competence is defined as the counselor’s acquisition of awareness, knowledges, and skills needed to function effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies and organizational structures that are more responsive to all groups. (p. 802)

**RESEARCH IMPLICATIONS**

Any theory of counseling, including MCT theory, is ultimately linked to research findings that either confirm or disconfirm its assumptions and basic tenets. This review of counseling research casts doubts on the adequacy of current models developed by primarily Eurocentrict-trained psychologists to explain, predict, or treat the mental health problems of the diversity of peoples in this world. Thus, it speaks strongly to the development of a more inclusive model of helping. A theory of MCT has
clear implications for research strategies (methodology and techniques) and focus. The development of MCT theory points to promising but previously neglected areas for future research.

First, research has traditionally emphasized a cause-and-effect orientation based on symbolic logic and empiricism (Morrow, Rakshsha, & Castaneda, 2001; Quintana, Troyano, & Taylor, 2001; D. W. Sue & D. Sue, 1999). The reductionistic and quantitative approach to asking and answering questions so valued by the counseling profession is often not amenable to the complex study of the human condition. Furthermore, many cultures value a more holistic and experiential approach in studying human interactions. Increasingly, multicultural researchers are recognizing the importance of such matters and advocating the use of qualitative methodology or alternative research paradigms to investigate counseling theory and practice. They have described qualitative research as (1) descriptive in nature, (2) inductive, (3) holistic, (4) flexible, and (5) clinically significant (see the detailed discussion in Ponterotto & Casas, 1991). It appears that the counseling profession would benefit greatly from using the following qualitative research strategies borrowed from anthropology and sociology: participant observation, in-depth interviewing, and life histories and case studies. The point to keep in mind is that both quantitative and qualitative research have their own strengths and limitations. One is not better than the other, but they should complement one another.

Second, MCT theory suggests that traditional Eurocentric theories of counseling and psychotherapy are culture bound and represent worldviews that are different from those of non-European cultures. Adopting a theory of helping inevitably ties the observer to the values and assumptions implicit in the model. When raised and socialized in the particular culture as well, the researcher may possess a biased perspective of cultural differences. This matter was considered of sufficient importance that Counseling Psychologist, the official publication of the Division of Counseling Psychology, ran a special issue entitled “White American Researchers and Multicultural Counseling” (Mio, Iwamasu, Ponterotto, Ivey et al., 1993). Unfortunately, early in the 21st century, these criticisms continue to hold true. In a series of persuasive articles, multicultural specialists argued that:

- The contributions of minority professionals doing cross-cultural counseling research are often ignored and given less importance than those of their White counterparts (A. Ivey, 1993; Parham, 1993; Ponterotto, 1993).
- Research has presented a picture of racial and ethnic minorities as deviant and pathological (Casas & San Miguel, 1993; D. W. Sue, 1993). This has led to the development of genetic inferiority models, cultural deficit models, or cultural deficiency models applied to racial minorities.
- By far the most powerful statement was the need for White researchers to begin considering how their own resolved issues of race and ethnicity color their cross-cultural perceptions (Helms, 1993; Ponterotto, 1993).

Helms (1993) believes that much of the cross-cultural research now in existence is culturally biased. She states, “To the extent that White researchers have been the primary gatekeepers of cross-cultural research (e.g., journal editors, dissertation advisers), then it is possible that those with restricted worldviews encourage constricted study of cultural diversity issues” (p. 242).

It is important to note that Helms (1993) believes many minority researchers are also victims of primarily Western European training. They can also be culturally encapsulated and can inherit the biases of the larger society. It appears that individuals (majority and minority) conducting research on multicultural areas need to understand themselves as racial and cultural beings and the possible biases, stereotypes, and assumptions about human behavior they possess (D. W. Sue, 1993).

Last, it is important to echo again the call for greater consideration and, indeed, research into indigenous models of counseling and mental health. Non-Western models of helping are unfamiliar to most Western-trained counselors and researchers. There is therefore a huge void in our knowledge base. Ironically, a theory of multicultural counseling and psychotherapy that recognizes culture specificity (emic) has the greatest chance of being universal (etic).

CONCLUSIONS
We are experiencing a revolution in the counseling and educational fields. It is clear that multiculturalism can no longer be treated as ancillary; rather, it is an integral part of counseling. The challenge before us is not an easy one, for it means revising our theories and expanding our definitions of the helping process. Many mental health scholars continue to hold Eurocentric theories of counseling and psychotherapy as sacred cows that can be universally applied. Many of them continue to be ethnocentric and culture bound. Many may resist change because it threatens the very foundations of their belief systems and may mean a redistribution of power in our society. Yet to ignore the social reality of multiculturalism is to deny reality itself. If we are to provide equal access and opportunities for all, then the recognition of cultural diversity is essential to our survival.
Likewise, the survival of the counseling profession depends on its ability to respond to the challenge of providing appropriate mental health services to a culturally diverse population. The MCT movement offers hope in that direction. The next step is for us to begin constructing a theory of MCT. This chapter has outlined six propositions that seem to form the foundations of such an endeavor. Future work needs to delineate basic tenets from each proposition and to translate them into a working theory of MCT.

References


